



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3184

SERIAL NUMBER 10/674,247	FILING OR 371(c) DATE 09/29/2003 RULE	CLASS 047	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. 8403.968
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Donald E. Weder, Highland, IL;

**** CONTINUING DATA *******

This application is a CON of 10/195,030 07/08/2002 ABN which is a DIV of 09/636,539 08/10/2000 ABN and is a CIP of 10/166,285 06/06/2002 ABN which is a CIP of 09/556,670 04/24/2000 ABN which is a CON of 09/149,729 09/08/1998 ABN which is a CON of 09/098,898 06/17/1998 ABN which claims benefit of 60/050,867 06/26/1997 This application 10/674,247 is a CIP of 10/375,883 02/27/2003 ABN which is a CON of 10/015,341 12/13/2001 PAT 6,546,695 which is a CON of 09/769,711 01/25/2001 PAT 6,341,471 which is a CON of 09/464,684 12/16/1999 PAT 6,195,962 which is a CON of 09/136,438 08/18/1998 PAT 6,023,912 which is a CON of 08/862,659 05/23/1997 PAT 5,832,695 which is a CON of 08/452,905 05/30/1995 PAT 5,651,233 which is a DIV of 08/218,952 03/25/1994 PAT 5,595,048 which is a CIP of 08/095,331 07/21/1993 PAT 5,428,939

F. Palo
5/22/07

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 12/18/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

30589

TITLE

Wrapper for floral grouping formed of cloth and polymeric film

FILING FEE RECEIVED 3120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
------------------------------------	---	--